

MONTGOMERY COUNTY WELLNESS SPONSORED EVENTS
WAIVER FORM FOR FAMILY/FRIENDS

Guest(s) Name: _____

Home Phone: _____

Employee Name & Work Site: _____

Family Member(s)

Friend(s) of Employee

Registrant Waiver:

I know and understand that walking in Employee Wellness activities and other related events are potentially hazardous. I should not enter into wellness activities unless I am medically able. I assume all risks associated with this event including, but not limited to walking, falls, contact with other participants, effects of weather, including heat and humidity, all such risks being known and accepted by me.

In return for acceptance of my participation in this event, I, for myself, my executor, administrators and assigns, hereby release and discharge Montgomery County ESC, and all partners, liabilities of any kind arising out of my participation in these activities even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver.

Signed: _____

Date: _____

Please complete this form and return it to your building MBS Council Member.

Thank you, and we will see you at the event.